

HEALTH EXAMINATION REFERRAL FORM

KENOSHA COUNTY SCHOOLS LAKWOOD SCHOOL

DATE: _____ SEX: Male Female GRADE LEVEL _____

CHILD'S NAME _____ DOB _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

To the Parents or Guardian:

A periodic health exam is important for all children and adolescents and is recommended by the Department of Public Instruction (DPI). The goal of a physical exam is to identify and provide follow-up on health conditions that may adversely affect a student's health, well-being, and ability to learn. In the best interest of your child's health, we recommend your child receive a periodic physical health exam by your private provider.

To the Private Provider:

Based on the physical exam provided on _____, this pupil is/is not capable of carrying a full program of school work and physical education participation.

If not, list restrictions _____

Known allergies: Medication _____ Latx _____
Bees _____ Food _____

Is allergy life threatening? Yes No

Is an Epi-Pen needed? Yes No

Current Medications (Please list) _____

Immunization(s) given at time of exam: _____

History of significant illness or injury: _____

Any special dietary needs: _____

Physician's Name (Print) _____ Phone _____

Address _____ City, State, Zip _____

Physician's Signature _____ Date _____